Embassy of the United States of America



P. O. Box 218 31 Loftus Street Suva, Fiji.

	Case Nu	
	Daytime	e Telephone Number:
YOU MUST	SUBMIT YOUR PASSPO	RT WITH THIS FORM
Criminal Records Office Fiji Police Police Headquarters Suva	;	
Sir:		
	criminal record on the following	y as to whether or not your office ing named person who has applied
Full Name (aliases, if ar	ıy):	
Date of Birth:	Place of Birth:	Male[] Female[]
Height:	Colour of Eyes:	Colour of Hair:
Passport No:	Date of Issuance:	Place of Issuance:
Present Residential Add	ress:	
Present Business Address	ss:	
Last Residential Addres	s in Fiji:	
Last Business Address i	n Fiji:	
Father's Name:		
Mother's Name:		
Spouse's Name:		
	for your convenience in furn fany record may be entered o	nishing the required information. If on the reverse.

Your cooperation ad assistance in this matter is greatly appreciated.

Embassy of the United States of America Suva, Fiji